

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0235953 AV

DOCUMENT # 673414

1. Entity Name
GREAT OCALA PARK CORPORATION

04-07-2002 90049 042 ***150.00

Principal Place of Business Mailing Address
% ORTEGA AND COMPANY, P.A. **% ORTEGA AND COMPANY, P.A.**
2307 DOUGLAS RD. SUITE 302 **2307 DOUGLAS RD. SUITE 302**
MIAMI FL 33145 **MIAMI FL 33145**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2082490**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERTOCH, CARL A
537 EAST PARK AVENUE
TALLAHASSEE FL 32315

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **N. DE CUELLO, AIMEE**
 STREET ADDRESS **2025 CACIQUE ST - OCEAN PRK**
 CITY-ST-ZIP **SANTURCE P.**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **CUELLO DE DE JUAN, MARIA MARGARIT**
 STREET ADDRESS **28 FORTE ST**
 CITY-ST-ZIP **SAN JUAN PR**

TITLE **STD** ☒ Change ☐ Addition
 NAME **AIMEE POU**
 STREET ADDRESS **P.O. BOX 65-0211**
 CITY-ST-ZIP **MIAMI, FL. 33165**

TITLE **VD** ☐ Delete
 NAME **FERNANDEZ, RAFAEL**
 STREET ADDRESS **CALLE 56 BB 1 A TERESITA**
 CITY-ST-ZIP **BAYAMON PR**

TITLE **VD** ☒ Change ☐ Addition
 NAME **CUELLO DE DE JUAN, MARIA MARGARITA**
 STREET ADDRESS **28 FORTE ST.**
 CITY-ST-ZIP **SAN JUAN, PR**

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **AIMEE N. DE CUELLO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/02 (787) 724-4200

Date Daytime Phone #

CR2E034 (9/01)